

Much of Dr. Greenfield's book entitled "*A Practical Guide to Forensic Mental Health Consultation through Aphorisms and Caveats*" applies to other forensic medical examinations as well. I find Dr. Greenfield's book both insightful and entertaining. It is structured to follow the evaluation process from engagement of the expert to collection of the fees.

Regarding report writing, Dr. Greenfield quotes George Orwell's guidance on writing:

"Never use a long word when a short one will do; if it is possible to cut a word out, always cut it out; never used the passive when you can use the active; never use of foreign phrase or scientific word or a jargon word if you can think of an everyday equivalent."

One of Dr. Greenfield's maxims is

"nothing substitutes for thorough preparation The ... expert should not underestimate opposing counsel and should insist on preparation from retaining counsel."

This is the best way to avoid surprises on the witness stand.

In the context of adversarial trials the medical expert will be hired in support of either claimant/petitioner or defendant/respondent. What is expected from the mental health expert? In *McWilliams v. Dunn*, decided June 19, 2017, Justice Breyer determined in the majority opinion, that *Ake v. Oklahoma* requires that a defendant receive the assistance of a mental health expert who is sufficiently available to the defense and independent from the prosecution to effectively

"conduct an appropriate [1] examination and assist in [2] evaluation, [3] preparation, and [4] presentation of the defense [verbatim]."

However, zealous pursuit of a client's position undermines trust in the expert's opinion. It is here that Dr. Greenfield makes his most important point. His book encourages us to see advocacy in a different light. In order to be effective, the expert must advocate for the use of solid science and the application of evidence based medicine to the case.

Along the same line, Gary Rischitelli, MD JD in 'Science on the Witness Stand' [Guidotti & Rose, ed., OEM Press 2001] has offered a nuanced view:

"It is not the role of an expert to help the attorney win the case. The role of the expert witness is primarily to assist the trier of fact [judge or jury] in understanding complex issues of medicine or science and thereby assist the attorney winning his or her case. Expert witnesses must not become "spin doctors" for either side. They should acquire, analyze and interpret the data in the way that they would in a scientific rather than legal milieu."

Hence, I concur with Dr. Greenfield's advice on conduct on the witness stand: The expert

"ought to be confident, humble (the "down-home professor" look), assertive (but not aggressive or argumentative), and a strong advocate for his/her professional opinion.

Regarding the evaluation of competency (as much as disability) Dr. Greenfield enforces the need for a functional rather than nominal approach to the expert's summation. He comments:

"...what matters is not the underlying diagnosis, but the symptoms from that diagnosis"
(*Greenfield, et.al, 2014*).

I spent an interesting afternoon reading Dr. Greenfield's latest book. It allowed me to reflect on what I am doing as a medical expert, and how to do it even better. I recommend this book to all of my fellow examiners.

Peter Blumenthal, M.D., M.P.H.

Diplomate, American Board of Preventative Medicine [Occupational]

Diplomate, American Board of Independent Medical Examiners